



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia Master Agreement

Order Date: 09-09-2025

CORRECT ORDER NUMBER MUST
APPEAR ON ALL PACKAGES, INVOICES,
AND SHIPPING PAPERS. QUESTIONS
CONCERNING THIS ORDER SHOULD BE
DIRECTED TO THE DEPARTMENT
CONTACT.

Order Number:	CMA 0613 9905 VNF2300000005 5	Procurement Folder:	1087853
Document Name:	Respiratory Supplies, Equipment and Maintenance	Reason for Modification:	Change Order No 04 To Renew Contract
Document Description:	Respiratory Supplies, Equipment and Maintenance		
Procurement Type:	Central Master Agreement		
Buyer Name:			
Telephone:			
Email:			
Shipping Method:	Best Way	Effective Start Date:	2022-09-26
Free on Board:	FOB Dest, Freight Prepaid	Effective End Date:	2026-09-25

VENDOR	DEPARTMENT CONTACT																				
Vendor Customer Code: 000000210246 RESPIRATORY THERAPY SERVICES LLC 522 16TH ST DUNBAR WV 25064 US Vendor Contact Phone: 304-766-9357 Extension: Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>No</td><td></td><td></td></tr><tr><td>#3</td><td>No</td><td></td><td></td></tr><tr><td>#4</td><td>No</td><td></td><td></td></tr></tbody></table>		Discount Allowed	Discount Percentage	Discount Days	#1	No	0.0000	0	#2	No			#3	No			#4	No			Requestor Name: Heather L Brunton Requestor Phone: (304) 558-3661 Requestor Email: heather.l.brunton@wv.gov 2026 FILE LOCATION _____
	Discount Allowed	Discount Percentage	Discount Days																		
#1	No	0.0000	0																		
#2	No																				
#3	No																				
#4	No																				

INVOICE TO	SHIP TO
DIVISION OF VETERANS AFFAIRS 1 FREEDOMS WAY CLARKSBURG WV 26301 US	VETERAN'S NURSING FACILITY 1 FREEDOMS WAY CLARKSBURG WV 26301 US

CR 9-22-25

Total Order Amount:	Open End
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Purchasing Division's File Copy

11/20/2025 PURCHASING DIVISION AUTHORIZATION DATE: <i>Tuesday 9/22/25</i> ELECTRONIC SIGNATURE ON FILE	ATTORNEY GENERAL APPROVAL AS TO FORM DATE: <i>9/22/25</i> ELECTRONIC SIGNATURE ON FILE	ENCUMBRANCE CERTIFICATION DATE: <i>9-25-25</i> ELECTRONIC SIGNATURE ON FILE
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Extended Description:

Change Order

Change Order No. 04 is issued to renew the original contract according to all terms, conditions, prices, and specifications contained in the original contract, including all authorized change orders.

Effective date of renewal 9/26/2025 through 9/25/2026.

Renewal Years Remaining: 0

No Other Changes.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
1	42000000			EA	0.000000
	Service From	Service To	Service Contract Amount		
	2022-09-26	2026-09-25	Commodity Ln Discontinued	0.00	

Commodity Line Description: DO NOT USE Respiratory therapy supplies, equipment and maint

Extended Description:

LINE DISCONTINUED. SEE COMMODITY LINE 2.

Line	Commodity Code	Manufacturer	Model No	Unit	Unit Price
2	85161505				0.000000
Service From		Service To		Service Contract Amount	
2022-09-26		2026-09-25		0.00	

Commodity Line Description: Respiratory therapy supplies, equipment and maintenance

Extended Description:

Respiratory therapy supplies, equipment and maintenance.

See attached pricing page.



*West Virginia Veterans Nursing Facility
One Freedoms Way
Clarksburg WV 26301*

August 20, 2025

Paula Vineyard
Respiratory Therapy Services LLC
624 Chestnut Street
South Charleston, WV 25309

RE: Renewal CMA 0613 9905 VNF23*05

Dear Ms. Vineyard,

Provisions were included in the original contract documents to renew the referenced contract under the same terms, conditions, and pricing. The renewal dates are 9/26/2025 to 9/25/2026. If your company agrees to this renewal, please sign below and return to my attention as soon as possible.

If you have any questions or concerns, feel free to contact me at (304) 626-1600 .

Regards,

Michael Clevenger
Procurement Supervisor

We agree to renew the contract for the period stated above under the same terms, conditions, and pricing as in the original Purchase Order and any subsequent Change Orders.


X _____
SIGNATURE

08/21/2025

DATE

Paula S. Vineyard, Owner

PRINT NAME

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West Virginia Secretary of State — Online Data Services

Business and Licensing

Online Data Services Help

Business Organization Detail

NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.

RESPIRATORY THERAPY SERVICES, LLC

Organization Information								
Org Type	Effective Date	Established Date	Filing Date	Charter	Class	Sec Type	Termination Date	Termination Reason
LLC Limited Liability Company	9/27/1999		9/27/1999	Domestic	Profit		9/7/2074	

Organization Information			
Business Purpose	6216 - Health Care and Social Assistance - Ambulatory Health Care Services - Home Health Care Services		Capital Stock
Charter County	Kanawha	Control Number	15099
Charter State	WV	Excess Acres	
At Will Term	T	Member Managed	MBR
At Will Term Years	75	Par Value	
Authorized Shares		Young Entrepreneur	Not Specified

Addresses	
Type	Address
Designated Office Address	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309
Mailing Address	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309 USA
Notice of Process Address	PAULA S. VINEYARD 624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309
Principal Office Address	624 CHESTNUT STREET SOUTH CHARLESTON, WV, 25309 USA
Type	Address

Officers	
Type	Name/Address
Member	PAULA VINEYARD 522 16TH STREET DUNBAR, WV, 25064
Organizer	KINETIC HEALTH CARE, LLC 111 MAIN STREET RIPLEY, WV, 25271 USA
Organizer	PAULA VINEYARD 442 STRAWBERRY ROAD SAINT ALBANS, WV, 25177 USA
Type	Name/Address

DBA			
DBA Name	Description	Effective Date	Termination Date
ELANA HEALTH	TRADENAME	6/13/2008	
LOOP MEDICAL	TRADENAME	11/1/2018	
DBA Name	Description	Effective Date	Termination Date

Annual Reports
Filed For
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Date filed

For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, August 20, 2025 — 8:10 AM

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Revolutionary FAR Overhaul Impacts to SAM.gov
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Aug 15, 2025



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**Records Retention Policy Impacts Old SAM
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May 21, 2025



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e.g. 1606N020Q02

"Respiratory Therapy Services"



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Contracting

Federal Assistance

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Federal Hierarchy

Wag

No matches found

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COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

<i>Purchasing Division Use:</i> Buyer: <u>8</u> Date: <u>9/22/25</u> Solicitation No. <u>CMA VNF23*05</u>	Agency: Veterans Clarksburg <hr/> Procurement Officer Submitting Requisition: Michael Clevenger <hr/> Requisition No. CMA VNF23*05 <hr/> PF No.: 1264409 / 1057853
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This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

FOR ALL SOLICITATION TYPES:

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
1	Specifications and Pricing Page included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use of correct specification template	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Use of correct requisition type [CRQS → CCT or CPO] or [CRQM → CMA]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Use of most current terms and conditions (www.state.wv.us/admin/purchase/TCP.pdf)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Maximum budgeted amount in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Suggested vendors in wvOASIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Capitol Building Commission pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Financing (Governor's Office) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Fleet Management Division pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Compliance Check Type	Required	Provided, if Required	Not Required	Purch. Div. Confirmation
10	Insurance requirements				
	Commercial General Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Automobile Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Workers' Compensation/Employer's Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Builder's Risk/Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Office of Technology CIO pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Treasurer's Office (banking) pre-approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR CHANGE ORDERS/RENEWALS:

1	Two-party agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2	Standard change order language	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Office of Technology CIO approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A
4	Justification for price increases/backdating/other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A
5	Bond Rider (Construction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> A
6	Secretary of State Verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	State debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Federal debarment verification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: David Pauline